

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5114</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Lloyd E Armentrout</u> P.O. Box, Bldg., Room No., if any Street <u>6878 West Dr</u> City <u>Maro</u> State <u>IL</u> ZIP Code + 4 <u>62067</u>	4. Name, file number, and address of labor organization. Name <u>Transportation &amp; Communication Union</u> Labor Organization File Number <u>051-177</u> P.O. Box, Building and Room Number, if any Street <u>3 Research Place</u> City <u>Rockville</u> State <u>MD</u> ZIP Code + 4 <u>20850</u>
5. Position in labor organization. <u>Lodge President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Lloyd E Armentrout</u>	On <u>8-2-05</u> Date	<u>618 377 7959</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>C. Marshall Friedman</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>13<sup>th</sup> Floor</u></p> <p>Street <u>1010 Market Street</u></p> <p>City <u>St. Louis Mo</u></p> <p>State <u>Mo</u> ZIP Code + 4 <u>63101</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Baseball ticket</u> <u>6 x \$34.<sup>00</sup> ea = 204.<sup>00</sup></u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 0.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

**LAW OFFICES**  
**C. MARSHALL FRIEDMAN**

C. MARSHALL FRIEDMAN  
KENNETH E. RUDD  
JEFFREY E. CHOD  
DANIEL D. BENNETT  
ANDREW S. WILLIAMS  
PAUL A. BURNETT

*A Professional Corporation*  
THIRTEENTH FLOOR  
1010 MARKET STREET  
ST. LOUIS, MISSOURI 63101  
314-621-8400  
TOLL FREE  
1-800-233-7636  
FAX: 314-621-8843

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July 28, 2005

TO: Lloyd Armentrout  
FROM: C. Marshall Friedman, P.C.

As you know, the Department of Labor and Rail Labor Organizations have instructed officers and employees concerning the recent requirements to prepare and file LM-30 forms by August 15, 2005. My office is also required to file LM-10 forms for the calendar year 2004 (January thru December). A review of my records has revealed the following reportable activities and expenditures for the year 2004:

- 5/15/04 – \$68 Baseball Tickets (2)
- 8/3/04 - \$68 Baseball Tickets (2)
- 8/5/04 - \$68 Baseball Tickets (2)

The above information is being provided for your convenience. If you have any questions or desire any further information, please do not hesitate to advise.

With best wishes, I remain,

Fraternally yours,



C. Marshall Friedman

CMF/krr